

# **Model Michigan Special Education State Complaint Form**



*Office of Special Education and  
Early Intervention Services*

**May 21, 2007**

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## Michigan Special Education Model State Complaint Form

**PURPOSE:** This form may be used to submit a State complaint alleging that a school district/agency has violated state/federal special education rules or laws. This form is provided to you as a model for your use. You are not required to use this form. However, failure to address the elements required in IDEA may result in a delay in the resolution of your complaint.

**Mediation:** The Office of Special Education and Early Intervention Services (OSE/EIS) encourages the school district/agency and the complainant to resolve issues through mediation or dispute resolution prior to a formal complaint being filed. These services are offered at No Cost to the complainant or the school district/agency. For information about mediation/dispute resolutions contact the Michigan Special Education Mediation Program at 1-800 RESOLVE or [www.cenmi.org/msemp](http://www.cenmi.org/msemp).

**School District/Agency** (that you believe has violated state/federal special education rules, regulations, or laws):

Name of District/Agency:

Address:

City/State/Zip:

**Name of School Student Attending:**

Name:

Address:

City/State/Zip:

### STUDENT INFORMATION:

Student Name:

Date of Birth:

Address:

City/State/Zip:

Telephone:

**Parent/Guardian Information:**

Parent/Guardian Name:

Address (if different from student's address):

City/State/Zip:

Telephone:

**For a student who is homeless**, please provide a contact name and address if different from information provided above:

**ALLEGATION/STATEMENT OF THE VIOLATION:** Explain how the school district/agency has violated state/federal special education rules or laws (use additional pages if necessary).

**PROVIDE FACTS UPON WHICH THE ALLEGATION IS BASED:** Include names and dates if known or available (use additional pages if necessary).

**I BELIEVE AN APPROPRIATE RESOLUTION TO THIS MATTER IS:** (use additional pages if necessary)

## Complainant Information (if not the parent):

Address:

City/State/Zip:

Telephone:

## Signature of Complainant (the person filing the complaint):

x:

Date:

Please print name here:

Under FERPA Regulation §99.30, the OSE/EIS cannot disclose to complainants who are not the student's parent(s), personally identifiable information from a complaint investigation without the written consent of the parent or eligible student.

*The OSE/EIS is only authorized to investigate allegations regarding special education issues. Allegations of professional misconduct should be directed to a school administrator. Allegations of abuse should be directed to a school administrator, the Michigan Department of Human Services, or a local law enforcement agency. Information regarding allegations relating to disability discrimination is available at <http://www.ed.gov/print/about/offices/list/ocr/docs/howto.html>. Specific allegations relating to disability discrimination should be directed to:*

*Office for Civil Rights, Cleveland Office  
U.S. Department of Education  
600 Superior Avenue East, Suite 750  
Cleveland, OH 44114-2611  
216-522-4970  
FAX 216-522-2573*

### **This complaint must be mailed or faxed to both:**

The school district/agency that is a party to the State complaint,

**AND:**

Supervisor, Program Accountability  
Michigan Department of Education  
Office of Special Education and Early Intervention Services  
608 West Allegan Street  
P.O. Box 30008  
Lansing, Michigan 48909  
FAX: (517) 373-7504